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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	10/782,337
	Filing Date	February 29, 2004
	First Named Inventor	Hector F. DeLuca
	Art Unit	1614
	Examiner Name	
Total Number of Pages in This Submission	Attorney Docket Number	1256-00931

ENCLOSURES (Check all that apply)		
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Thomas M. Wozny, Reg. No. 28,922
Signature	Andrus, Sceales, Starke & Sawall, LLP
Date	June 24, 2004

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	)	24th day of June, 2004.
TC/A.U. : 1614	)	
Examiner :	)	
	)	<i>Dorothy A. Hatiser</i> June 24, 2004
Docket No. : 1256-00931	)	Dorothy A. Hatiser Date

INFORMATION DISCLOSURE STATEMENT

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Sir:

The references listed on the enclosed PTO Form 1449 are being submitted in the above-identified patent application in accordance with 37 CFR 1.97(b)(3).

A copy of each of the non-U.S. patent references is enclosed in compliance with the rules.

Respectfully submitted,

ANDRUS, SCEALES, STARKE & SAWALL, LLP

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Form PTO-449 JUL 02 2004 PATENT & TRADEMARK OFFICE	U.S. Department of Commerce Patent and Trademark Office	Atty. Docket No. 1256-00931	Appl. No.: 10/782,337
INFORMATION DISCLOSURE STATEMENT BY APPLICANT (See several sheets if necessary)		Applicant Hector F. DeLuca et al	
		Filing Date February 19, 2004	Group Art Unit 1614

U.S. PATENT DOCUMENTS							
*EXAMINER INITIAL		DOCUMENT NUMBER	DATE	NAME	CLASS	SUBCLASS	FILING DATE IF APPROPRIATE
		4,777,163	10/11/1988	Bosies et al			
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		DOCUMENT NUMBER	DATE	COUNTRY	CLASS	SUBCLASS	TRANSLATION Yes No

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Form PTO-1449	U.S. Department of Commerce Patent and Trademark Office	Atty. Docket No. 1256-00931	Appln. No.: 10/782,337
<b>INFORMATION DISCLOSURE STATEMENT BY APPLICANT</b> (Use several sheets if necessary)		Applicant Hector F. DeLuca et al	
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EXAMINER	DATE CONSIDERED
*Examiner: Initial if reference considered, whether or not citation is in conformance with MPEP 609; Draw line through citation if not in conformance <u>and</u> not considered. Include copy of this form with next communication to client.	